

**Maryland State Board of Podiatric Medical Examiners
4201 Patterson Avenue
Baltimore, Maryland 21215
410-764-4785**

**2008-2009 LICENSE RENEWAL INSTRUCTIONS
RENEWAL DEADLINE December 1, 2007**

Renewal Instructions:

This is your renewal package for the 2008 through 2009 renewal period. Our renewal application has changed. Please carefully read and complete each section of the renewal application that pertains to your licensure type and **return it to our office before December 1, 2007.** You may renew only if you have completed your continuing education requirements by December 1, 2007. Your signature on the application attests to the successful completion of the required hours by the deadline. Submission of any false statement regarding continuing education may result in formal disciplinary action by the Board.

Your application must be fully completed and signed in order to be processed. **Incomplete forms will be returned and will cause your renewal to be delayed and subject you to a \$100 late fee if applicable.** Applications that are not fully completed, signed, and received by the Board before the due date will subject you to additional fees and possible disciplinary action. **Practicing without a current active license is a violation of the Podiatry Act and could result in disciplinary action, including suspension.**

Address: The Board must, by law, have a valid address for you. **The address you provide is the "address of record" that is available for public information requests and the address to which the Board will forward all correspondence.** The Board **does not** send licenses to post office boxes. You must provide a street address. Please provide a telephone number where you can be reached during the day in the event the Board needs to contact you regarding the processing of your application.

Continuing Education: **The Board's Continuing Education requirements have changed beginning with this renewal cycle.** A licensee shall complete not less than 50 full credit hours of continuing education during the 2-year period from December 1, 2005 through December 1, 2007. All CME requirements up to 50 credit hours may be taken on a computer based system. **All course work submitted to the Board must be pre-approved by the Board.**

Beginning with the 2008-2009 renewal cycle, licensees must complete the enclosed "Statement of Continuing Education Courses Completed for License Renewal" form. You need only list the name of the course, the sponsor and location, the date completed, and the number of credit hours. **Do not submit course completion certificates. Licensees selected for a continuing education audit received separate notification.**

Not all courses and programs are accepted by the Board. The course or program must be designed to enhance the licensee's clinical knowledge and ability to treat podiatric patients and it must be offered by a Board approved sponsor. Board approved sponsors sometimes offer courses that are not clinically related and may claim the course is Board approved though it may not be approved. It is your responsibility to ensure that the course qualifies for continuing education credit. If you have questions about whether a course will meet the continuing education requirements please contact the Board. Please also remember that a licensee must maintain accurate records of continuing education courses or programs for the preceding 5 years, and must make the records available to the Board or its representatives upon request.

FAILURE TO COMPLY WITH CONTINUING EDUCATION REQUIREMENTS BY DECEMBER 1, 2007 WILL RESULT IN NON-RENEWAL OF THE PODIATRY LICENSE.

Continuing education for license renewal is governed by the Code of Maryland Regulations (COMAR) 10.40.02. COMAR regulations and the statute governing the Maryland Podiatry Act are available on the web at www.mlis.state.md.us.

Fees for 2008-2009 Renewal: Please note the current renewal fees on the application form. Please also note that pursuant to Senate Bill 786, each Health Occupation Board is required to collect a user fee for the Maryland Health Care Commission (MHCC). The fee funds the cost of services and information the MHCC provides to consumers and healthcare practitioners. **The user fee is \$29.50** paid biennially and assessed to PODIATRISTS AND OTHER HEALTH CARE PRACTITIONERS. A separate check in this amount made to the Board of Podiatry must be submitted in addition to the Renewal of License fee check. Please be aware that the Podiatry Board collects and submits these fees to the MHCC. We do not retain these funds. For more information on the MHCC, please visit their website at www.mhcc.state.md.us.

**Maryland State Board of
Podiatric Medical Examiners
4201 Patterson Avenue
Baltimore, Maryland 21215
410-764-4785
Podiatrist License Renewal**

License Number _____

Notice For Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under Md. Health Occupations Code Annotated, Title 16. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Md. State Gov't Code Ann. §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

SECTION I – CHANGE OF NAME AND ADDRESS

Law requires licensees to notify the Board of a name or address change within 60 days.

Name (Last, First, Middle Initial):	
Street Address:	
City, State, Zip:	

If your name has changed since the last renewal, please submit proof of name change such as a court document or marriage certificate to the Board.

2007-2008 RENEWAL FEES ARE PAYABLE TO MARYLAND STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

Active Podiatrist: \$850 biennial license renewal fee payable in **\$425 annual mandatory payments.** A biennial \$29.50 Maryland Health Care Commission assessment fee must be added to the second annual payment (\$454.50)

Please note that a late fee of \$100 is due for renewals submitted during the period from December 1, 2007 through December 31, 2007 or beyond. **A late fee of \$100 will also be assessed for late annual renewal fees.**

On or after December 31, 2007, all podiatrists who have not renewed their license must apply for reinstatement if they wish to maintain Maryland licensure. Reinstatement requirements can be found in the Code of Maryland Regulations, Title 10, Subtitle 40, 10.40.02.07-Reinstatement.

SECTION II – GENERAL INFORMATION

A. Social Security Number: - -

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Home Phone Number: - -

C. Work Phone Number: - -

D. Cell Phone Number: - -

E. E-Mail Address:

SECTION II – GENERAL INFORMATION (cont'd)

F. Requested licensure status:

Check one of the following:

- ☐ Active
☐ Inactive
☐ Do not renew
☐ Temporary **contact the Board**

G. Present Maryland licensure status:

- ☐ Active Inactive

H. Maryland practice:Since your last renewal have you practiced in the State of Maryland? ☐ Yes ☐ No**Please Identify:****Practice Zip Code:****Practice County:****I. Licensure in other states:**

State	License Number

SECTION III - CHARACTER AND FITNESS:

The following questions pertain to the period starting on December 1, 2005 and ending November 30, 2007.

If you answer "YES" to any question(s) in Section III – Character and Fitness, attach a separate typed page with a complete explanation of each occasion. Each attachment must have your name typed, signature, and date.

- | YES | NO | SINCE December 1, 2005 |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment? If you are under a Board Order in a state other than Maryland and the Order was effective on or after December 1, 2005, you must enclose a certified copy of the Order with this application. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a podiatric license been withdrawn for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Are there any criminal charges against you in any court of law, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical or mental condition that currently impairs your ability to practice podiatry? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Do you illegally use drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity? |

Type of Employment:

- ☐ Solo
☐ Single Specialty group
☐ Multiple Specialty group
☐ HMO Group Staff
☐ Staff, Hospital
☐ Staff, Other
☐ Other
☐ Contractual/ Associate Staff
☐ Volunteer

Employment Status:

- ☐ Fulltime
☐ Part-time
☐ Inactive
☐ Retired
☐ Other

YES NO

- ☐ ☐ m. Have you been named as a defendant in a filing or settlement of a malpractice action? **If yes, submit a current copy of your National Practitioner Data Bank report. (You may call 1-800-767-6732 to obtain information.)**
- ☐ ☐ n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?

SECTION IV-WORKERS' COMPENSATION

The Health Occupations Article §1-202 requires that you verify compliance with the Workers' Compensation Law for your renewal to be issued. I hereby certify the following: (a) ☐ I do not practice in Maryland; OR (b) ☐ I do practice, but do not employ anyone in my practice in Maryland; OR (c) ☐ I employ one or more persons in Maryland and have the following Workers' Compensation coverage:

Insurance Company (Workers' Compensation only):

Policy Number:

Expiration Date:

SECTION V - CONTINUING EDUCATION REQUIREMENTS

Choose one statement that applies to you. If you check d., you must include a written request for an extension with this application. **The Board will consider only serious mitigating reasons.** All applicants for renewal of an Active license must complete and return the enclosed form listing the names, dates, sponsors, location and credit hours of courses taken during the continuing education period.

- ☐ a. Continuing education requirement met. I have completed 50 hours of continuing education for the period from December 1, 2005 through December 1, 2007.
- ☐ b. New graduate. I received a license within 6 months after completing at least **two years** of graduate training from an approved podiatric residency program and am not required to fulfill the continuing education requirements of the Board for the first 2-year renewal cycle following initial licensure.
- ☐ c. New graduate OR New Licensee. I received a license within 6 months after completing a **one year** of graduate training from an approved podiatric residency program OR I am a new licensee with immediate out-of-state practice experience and am required to fulfill 25 hours of continuing education for the period from December 1, 2005 through December 1, 2007.
- ☐ d. Inactive status. I am requesting an inactive podiatric license and am not subject to providing documentation for the continuing education required until or unless I request reactivation of the license.
- ☐ e. Continuing education requirement not met. I have not fulfilled the continuing education requirements of the Board. I have attached a written request including the mitigating reasons for a request for an extension to satisfy the continuing education requirements. I understand that failure to include a written request for an extension may not meet the qualifications for renewal of my license.

Release and Certification:

Practice of podiatry without an active license is a violation of the Podiatry Practice Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Podiatric Medical Examiners may request any information necessary to process my application for podiatric licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual podiatrists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my podiatric practice as a licensed podiatrist in the State of Maryland, including the subpoena of documents or records or the inspection of my podiatric practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, §16-311.

Applicant Signature

Date

STATEMENT OF CONTINUING EDUCATION COURSES COMPLETED FOR 2008-2009 LICENSE RENEWAL**CONTINUING EDUCATION PERIOD: DECEMBER 1, 2005 – DECEMBER 1, 2007**

Regulations require that licensees complete 50 hours of continuing medical education (CME) per renewal period in order to renew a license. There is no limit to the online credits that can be earned toward the 50 required credit hours. Courses on money management, personal finance, personal business matters, including practice management, personal health and recreation, are not considered clinical and may not be applied toward the 50 hours continuing education requirement. Approved CPR courses can be taken for credit. For a copy of the Code of Maryland Regulations, Title 16, Continuing Education, contact the Board at 410-764-4785. **ALL COURSE WORK TAKEN MUST BE PRE-APPROVED BY THE BOARD.**

COURSE TITLE OR NAME		CREDIT HOURS EARNED	DATE	NAME OF SPONSOR AND LOCATION	Check if Self Study
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
Signature				Date	